

| POS.                      | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | E.H.     |        |          |
| O.I.P.E. CLASSIFIER       |          | 12     | 5/9      |
| FORMALITY REVIEW          | MM       | 920    | 06-01-01 |
| RESPONSE FORMALITY REVIEW | TZ       | 947    | 09/25/01 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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C.C.  
 06-04-01  
 2005  
 09/25/01